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TRANSMITTAL FORM Who be used for all correspondence after initial filing)		Application Number	08/477,983			
		Filing Date	June 7, 1995			
		First Named Inventor	Jeffrey S. RUBIN et al.			
		Group Art Unit	1647			
		Examiner Name	C. Saoud			
ival Number of Pages in This Submission		Attorney Docket Number	38163-0007			
	ENCL	OSURES (check all that apply)				
☐ Fee Transmittal Form		ment Papers A <i>pplication)</i>	After Allowance Communication to Group			
Fee Attached	☐ Drawin	g(s)	Appeal Communication to Board of Appeals and Interferences			
Amendment / Response	mendment / Response		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final	Petition	ı	Proprietary Information			
Affidavits/declaration(s)		n to Convert to a onal Application	Status Letter			
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Response to Missing Parts/ Incomplete Application						
Response to Missing Parts under 37 CFR 1.52 or 1.53						
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Firm or Individual name	os, Reg. No.	33,683, HELLER EHRMAN WH	ITE & MCAULIFFE LLP			
Signature Siturcia	cia de Granadas					
Date Janua	any	14, 2003				
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26633 PATENT TRADEMARK OFFICE

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FEE TRANSMITTAL			Applic	Application Number 08/477,983						
for FY 2002				Filing Date			June 7, 1995			
				Named In	ventor	Jeffre	June 7, 1995 Jeffrey S. RUBIN et al. C. Saoud 1647			
Hent fees are subject to annual revision. REPORT MOUNT OF PAYMENT (\$) 1250			Exam	Examiner Name		C. Sa				
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			Attorn	Attorney Docket No.		3816	3-0007	<u>1000</u>		
METHOD O	F PAYMENT (check all	that apply)				FEE C	ALCULATION (continued)	~		
5.0			3. AD	DITIONAL	. FEES					
☑ Check ☐ Credit car	rd 🔲 Money 🗎 O Order	ther None		Large Entity		Small Entity				
□ Deposit Account:	J.40.		Fee	Fee	Fee	Fee	Fee Description	Fee		
Deposit		· · · · · · · · · · · · · · · · · · ·	Code 105	(\$) 130	Code 205	(\$) 65	Surcharge - late filing fee or oath	Paid		
Account HELLER EHRMAN WHITE & MCAULIFFE LLP Number		127	50	227	25	Surcharge - late provisional filing fee or cover sheet.				
Donosit			139	130	139	130	Non-English specification			
Deposit Account 08-164	41		147	2,520	147	2,520	For filing a request for reexamination			
Name The Commissioner is authorized to: (check all that apply)			112	920*	112	920*	Requesting publication of SIR prior to Examiner action			
☐ Charge fee(s) indicated ☐ Charge any additional	d below 🛛 Credit any	overpayments	113	1,840*	113	1,840*	Examiner action			
Charge fee(s) indicated to the above-identified dep	d below, except for the		115 116	110 400	215 216	55 200	Extension for reply within first month Extension for reply within second	-		
	FEE CALCULATION		117	920	247	460	month	020		
BASIC FILING FE	E Entity		117	920 1,440	217 218	460 720	Extension for reply within third month Extension for reply within fourth month	930		
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	(\$)	Fee Paid	119	320	219	160	Notice of Appeal	320		
101 740 201	370 Utility filing fee		120	320	220	160	Filing a brief in support of an appeal			
106 330 206	165 Design filing fee		121	280	221	140	Request for oral hearing	_		
	255 Plant filing fee370 Reissue filing fe	e	138	1,510	138	1,510	Petition to institute a public use proceeding			
114 160 214	80 Provisional fillin	g fee	140	110	240	55	Petition to revive – unavoidable			
•	DT0741 (4)		141	1,280	241	640	Petition to revive – unintentional			
SU	BTOTAL (1)	(\$) 0	J 142	1,280	242	640	Utility issue fee (or reissue)			
2. EXTRA CLAIM FEES			143	460	243	230	Design issue fee			
		ee from Fee	144	620	244	310	Plant issue fee			
otal Claims 122 -122		pelow Paid = 0	122	130	122	130	Petitions to the Commissioner	<u> </u>		
dependent			123	50	123	50	Processing fee under 37 CFR 1.17 (q)			
aims 10 -10	" = 0 X	= 0	126	180	126	180	Submission of Information Disclosure Stmt Recording each patent assignment			
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Code (\$) Code 103 18 203	(\$) Fee Descrip	Fee Description Claims in excess of 20		740	249	370	(37 CFR § 1.129(a)) For each additional invention to be			
102 84 202		Independent claims in excess of 3		740			examined (37 CFR § 1.129(b))			
104 280 204		Multiple dependent claim, if not paid			279		Request for Continued Examination (RCE)			
109 84 209 42 ** Reissue independent claims over original patent 110 18 210 0 ** Reissue claims in excess of 20 and			169	900	169	900	Request for expedited examination of a design application			
110 18 210	9 over original		_	on (o"						
	SUBTOTAL (2)	(\$) 0	Other N	ee (specif	y)	-		<u> </u>		
**or number previously pa	aid, if greater; For Reis	sues, see above	*Redu	ced by Ba	sic Filin	g Fee Pa	aid SUBTOTAL (3) (\$) 125	0		

SUBMITTED BY		Complete (if applicable)				
Name (Print/Type)	Patricia D. Granados	Registration No. Attorney/Agent)	33,683	Telephone	202-912-2000	
Signature	Cotricia il	. Grave dos		Date	1/14/03	\supset

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